

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sei Kato :
Serial No.: 10/809,117 : Art Unit: 3768
Filed: March 25, 2004 : Examiner: Rozanski, Michael T.
For: ULTRASONIC IMAGING METHOD :
AND ULTRASONIC DIAGNOSTIC :
APPARATUS :

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Transmittal (3 pages)
Amendment After Final Rejection (14 pages)
Request for Continued Examination (2 pages)

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 130.00	\$ 65.00
<input type="checkbox"/> second month	\$ 490.00	\$ 245.00

<input type="checkbox"/> third month	\$ 1,110.00	\$ 555.00
<input type="checkbox"/> fourth month	\$1,730.00	\$ 865.00
<input type="checkbox"/> fifth month	\$2,350.00	\$1,175.00

Fee: \$130.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=	x \$26.00 = \$	OR	x \$52.00 = \$
	MINUS	=	x \$110.00 = \$		x \$220.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$195.00 = \$	+ \$390.00 = \$
			TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$_____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

- ☒ Charge Deposit Account No. 01-2384 the sum of \$130.00

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

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